

REGISTRATION OF U.S. CITIZENS IN AUSTRALIA

Tick one: ☐ NEW ☐ UPDATE

(As shown in first page of your passport. If name was amended on another page, state the new name)

Surname	Given Names	Suffix (Jr/2 nd /3 rd)
Name		
Alias		Social Security No.
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Passport No.:	Date of issue: (mon/day/yr)	Place of issue: (city/country)

Present local address:

Contact numbers: (including area code)	Telephone	Mobile	Facsimile/Email
Residence:			
Business:			

FAMILY MEMBERS

Spouse:

Surname	Given Names	Social Security No.
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.
Date of issue	Place of issue	
Contact numbers: (including area code)	Telephone	Mobile
Residence:		Facsimile/Email
Business:		

Children:

Surname	Given Names	Social Security No.
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.
Date of issue	Place of issue	
Surname	Given Names	Social Security No.
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.
Date of issue	Place of issue	
Surname	Given Names	Social Security No.
Date of birth (mon/day/yr)	Place of birth (city/state/country)	Passport No.
Date of issue	Place of issue	

Emergency Contact

☐ Declined to provide contact

Surname	Given Names	Relationship
Address		
Contact numbers: (including area code)	Telephone	Mobile
Residence:		Facsimile/Email
Business:		

Your intended length of stay from date of registration

Please read, complete and sign the Privacy Act Waiver on the reverse

PRIVACY ACT

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, the Consulate General cannot release any information regarding you that is not considered to be in the public domain to anyone without your written consent except as set forth in the Act.

The information on the registration form is authorized by 22 USC 2658 and is solicited primarily to establish your citizenship, identity, and entitlement to welfare and protection services provided by the U.S. government. This information may be made available on a need-to-know basis, to personnel of the Department of State and other U.S. Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties, pursuant to a court order, or as set forth in 22 CFR 171 (Freedom of Information Act regulations). Failure to provide the requested information may make it difficult or impossible for the Department of State to assist you.

On the registration form, you are asked to indicate the extent to which you wish to waive your Privacy Act rights by **ticking** the appropriate boxes, then signing and dating below. Only you and your U.S. citizen spouse are required to sign, children age 18 or over should complete a separate form of their own. You have the following options:

- No waiver: no information would be released except as noted above;
- Full waiver: any information provided on this form may be released to anyone making request;
- Limited waiver: information released only to your choice of members.

PRIVACY WAIVER YOU CHOOSE TO GRANT: *(please tick box)*

No <u>Waiver</u>	Full <u>Waiver</u>	<u>Limited Waiver:</u>				<u>Name</u>	<u>Signature</u>
		Family	Media	Congress	Other *		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

*Specify

Date (month/day/year)